

7 Things Doctors Don't Tell You About Anesthesia (But Should)

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All forms of anesthesia can cause side effects or complications, yet doctors don't always take the time to address these issues with patients. What you must know...

- Your supplements can increase your risk. Some herbs and nutritional supplements can be lethal when they're combined with anesthesia. Ginkgo, for example, can elevate blood pressure. Because *some* anesthetic drugs have the same effect, patients taking both can experience sharp rises in blood pressure. This increases the risk for stroke and heart attack. Risks from supplements are greatest with general anesthesia, but even with regional anesthesia (such as spinal or epidural), there are dangers. *Example:* Garlic supplements thin the blood, which can cause additional bleeding with regional anesthesia. During the presurgery interview with your anesthesiologist, mention everything that you're taking. Also, talk with the doctor or naturopath who prescribed the supplements about any possible interactions.

- Nausea can be controlled. Many forms of anesthesia stimulate the chemoreceptor trigger zone, a part of the brain involved in nausea. Older anesthetic drugs, such as nitrous oxide (laughing gas), are far more likely to cause nausea than newer agents. But postoperative nausea and vomiting still are among the most common side effects of anesthesia.

Better control: A relatively new class of drugs, known as *5-HT3 antagonists* (such as Kytril and Zofran), may reduce postsurgical nausea more effectively than their predecessors. Scopolamine patches, which are commonly used to prevent motion sickness, also can be helpful.

Important: If you've had surgery and experienced nausea in the past, tell the anesthesiologist during the presurgery interview. He/she will make sure that you get the appropriate kinds and doses of medication.

- Constipation and urinary retention are likely. Analgesic narcotics, such as codeine, Demerol and Percodan, have a tendency to make it difficult for patients to urinate or have a bowel movement-problems that can persist for days or even weeks after the surgical procedure.

Helpful: Ask the anesthesiologist if your procedure can be done with an ultrasound -guided nerve block instead of general anesthesia. Patients given this type of anesthesia typically require lower doses of narcotics, which can reduce the side effects.

- Snoring is a danger sign. Patients who snore or make snoring sounds during sleep may suffer from sleep apnea, a condition in which breathing may stop and start, leading to the lowering of oxygen levels.

The danger: Patients with sleep apnea tend to have more complications during *intubation*, the insertion of an endotracheal tube into the patient's windpipe (trachea) that delivers oxygen and many inhaled anesthetics. Problems with intubation can be the riskiest part of anesthesia-diminished airflow can cause brain damage or death.

- Dantrolene should be on hand. It's the only drug that can reverse *malignant hyperthermia*, an anesthesia related complication that can lead to increases in body temperature and a breakdown of multiple organ systems. This occurs in perhaps one in every 65,000 patients. Without treatment, it is fatal in more than 80% of cases. When *dantrolene* (Dantrium) is administered, the death rate is less than 10%.

Hospitals are required to stock dantrolene, but some outpatient facilities might not have it. Don't undergo any procedure involving general anesthesia unless this lifesaving drug is available and can be administered if

necessary.

- A "local" prior to an IV reduces pain. Most procedures start with the insertion of a large-bore intravenous (IV) needle into a vein. The IV is used to deliver some forms of anesthesia and/or other drugs during surgery. Because these needles are so large, they can cause a lot of pain. An injection of *lidocaine* works to numb the skin before an IV is inserted. Many hospitals don't do this, so be sure to ask for it.
- The anesthesiologist should be board-certified. Anesthesia can legally be administered by a medical doctor (anesthesiologist), an anesthesia assistant or a certified registered nurse-anesthetist. Except for the simplest procedures, it's always best to have a board-certified anesthesiologist administer the anesthetic. He/she has the most experience and training. He can administer the anesthesia alone or in conjunction with other professionals. You can find out if the doctor is board-certified by contacting your state board of medicine or the American Board of Anesthesiology